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COUNTRY NOTE**

Cameroon

SUMMARY

The Executive Director presents the country note for Cameroon regarding the programme of cooperation for the period 1998 to 2002.

THE SITUATION OF CHILDREN AND WOMEN

1. Cameroon, whose boundless agricultural and mineral resources helped raise it to the level of a middle-income country, has about 13 million inhabitants and is a bilingual State with a French-speaking majority. In 1994, following a decline in its per capita gross national product (GNP) from US$ 1,010 in 1988 to $680 in 1994, it became a low-income country. In 1996 it adopted a new Constitution that aims to establish administrative decentralization and strengthened local structures. The protection of the family, children and women are also covered by the Constitution, thus offering an unprecedented opportunity for the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women.

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1997.

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2. The structural adjustment programmes and the devaluation of the CFA franc in 1994 produced good macroeconomic results on the one hand but, on the other, contributed to the increase in the number of poor families, particularly in urban areas. The extent of the recession, the reductions in jobs and salaries (in the civil service, over 80 per cent in two years), and unemployment have triggered a restructuring of the economy by forcing the development of an informal sector in which women, children and young people are heavily represented. The country's heavy external indebtedness led the authorities to cut back drastically on public expenditure, especially in the social sectors.

3. Although Cameroon has developed an extensive health infrastructure, the health-care system does not meet the needs of a majority of the people. In such a deteriorating social context, the health conditions of children and women remain a matter of concern. Indeed, although the infant mortality rate improved between 1987 and 1995, dropping from 95 to 66 per 1,000 live births, the under-5 mortality rate remains high, at 106 per 1,000 live births. This is due in part to inadequate action targeted specifically at the causes of mortality in this age group: malaria, acute respiratory infections, diarrhoeal diseases and measles, aggravated by the fact that about a quarter of the children under 5 suffer from either moderate or severe malnutrition.

4. The relatively well-developed educational system is undergoing a general decline; the school-enrolment rate dropped from 68 per cent in 1991 to 59 per cent in 1994 (the figures are from the Ministry of National Education), and there are great disparities according to region, sex and social stratum. In Adamawa, North and Far North provinces, the school-enrolment rate for boys was 50 per cent, while only 30 per cent of girls were enrolled. The drop-out and unenrolled rate for girls stands at 20 per cent, and this makes for large numbers of women who are unprepared to participate as they should in the development of Cameroonian society. One out of every two women cannot read, which is explained partly by the unenrolled rate, the lack of access to education by girls and the stranglehold of traditional practices reinforced by customary laws that do not recognize equal status for women.

5. The social status of women in Cameroon, who represent 52 per cent of the population, remains precarious. The maternal mortality rate is estimated to be 550 per 100,000 live births and may reach 900 in Far North province owing to the paucity of health centres for treatment and referral. The incidence of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) is now being assessed, especially among pregnant women; estimates by the Ministry of Health seem to indicate that the rate is rising and that women between the ages of 15 and 35 are the most vulnerable.

LESSONS DRAWN FROM RECENT PROGRAMME EXPERIENCE

6. The achievement of programme objectives such as iodization of salt and the use of oral rehydration therapy has generated a certain optimism about the likelihood of developing a more ambitious programme for the empowerment of communities and the strengthening of national capabilities. Despite the half-hearted implementation of the Bamako Initiative through the redirection of attention to primary health care (PHC), a national strategy has been adopted,

the legal framework set up and a frame of reference established for the revitalization of the UNICEF-supported health centres in the provinces. The Government is still very dependent on foreign aid to ensure that the system works. An assessment of cooperation has highlighted the different perceptions emerging from the vertical, integrated approaches, which fall short particularly when it comes to coverage under the expanded programme on immunization, and from the relative balkanization of other donor programmes.

7. As part of the assessment of the previous programme and of the collaboration with the World Bank, a study on poverty in Cameroon has furnished data on the situation of children and women in the family setting, particularly in single-parent families dependent on women. The recommendation is that the next cooperation programme should rely on the kind of advocacy that will encourage the Government and all the other social partners to make a greater financial commitment.

8. Insufficient access by women and girls to education and information is a major constraint in changing harmful health patterns and in perpetuating gains. One initiative that deserves to be continued concerns the education of girls in Far North province. This successful experiment by UNICEF and the Government has enabled more than 25,000 girls to remain in school and allowed the communities to participate in the education of their children by organizing in-school libraries and furnishing equipment to parents' associations. In the next programme, this approach will be extended to the other regions. In addition, better statistics regarding education and the other sectors has proven to be absolutely necessary, because the lack of data has prevented decisions from being taken on the planning of social services.

9. In the previous programme, a great deal of attention was given to provision of services. In view of the deterioration in the economic and social situation and the inadequacy of basic services, UNICEF has shifted attention in the new programme towards strengthening national capacity to combat the spread and intensification of poverty.

PROPOSED COUNTRY PROGRAMME STRATEGY

10. The programme is situated within the framework of implementation of the two Conventions and of the Government's social policy programme. It deals with social policy planning, health, education and advocacy, and has the following objectives: (a) to defend the rights of children and women and ensure that their survival, protection and development are given priority in the implementation of socio-economic policies and in the struggle against poverty; and (b) to help enhance the efficiency and effectiveness of priority social sectors in order to meet the needs of the poor, principally women and children.

11. The proposed programme was prepared in collaboration with the ministries responsible for the socio-economic sectors, under the supervision of the Ministry of Economic Affairs and Finance. United Nations agencies, the World Bank, bilateral cooperation agencies and other donors, as well as national and international non-governmental organizations (NGOs) also participated.

12. Social policy planning and statistics will be monitored at the national level. Specific activities in the field of health and education will be carried out in the most underserved zones of Cameroon, namely, the northern provinces (Adamawa, North, Far North) and in the East province, for the children of ethnic minorities and for children in especially difficult circumstances in the towns of Yaoundé and Douala. UNICEF will continue to provide vaccines and to support information, communication and social mobilization efforts in all 10 regions of the country.

13. The specific strategies on which the programme is based are: (a) advocacy, by strengthening legal mechanisms for the protection of the rights of children and women, and by defining and implementing national social policies and programmes; (b) capacity-building, by supporting the decentralization process in order to increase community participation and help reduce disparities based on sex or culture; and (c) strengthening national capacity, by providing training at all levels and giving importance to the participation of women.

14. The social policy planning and statistics programme has two components: (a) support for the design and implementation of social programmes benefiting women and children; and (b) support for the establishment of a social statistics system which will provide a basis for planning, decision-making and evaluating the implementation of the two Conventions. Activities will help to strengthen national capacity in respect of planning, monitoring and evaluation and the coordination of activities in the social sectors.

15. The health and nutrition programme consists of an integrated primary health care (PHC) project based on the Bamako Initiative that will synchronize efforts based on strategies which make the health district the point of entry for future activities. Specific activities will be undertaken in five districts of Adamawa based on criteria of poverty, low-level utilization of services and equity. Women's groups, youth associations, teacher/student and national non-governmental organizations will be encouraged to play a more active role. In health education emphasis will be placed on interpersonal and traditional communication. At the national level, the Government will be helped so that it can achieve the decade goals aimed at reducing the under-five mortality and morbidity rates. Specific safe motherhood activities will be introduced in family health education and training programmes. Lastly, at the regional and national level, the project will contribute to capacity-building for supporting and designing health strategies.

16. The basic education programme consists of two projects. The girls' education project aims to expand the current project, which has already reached 25,000 girls in the northern provinces, to the East province, and to Douala and Yaoundé. In five years, this would bring the number of girls provided with schooling and prepared for life to an estimated 60,000. The women's empowerment project is a new activity which will promote activities for the advancement of women, as well as training in income-generating activities and household management. It will also offer training to young girls who have dropped out of school to marry or because they are pregnant. It will be carried out in the same regions as the girl's education project and will complement that activity.

17. The advocacy and social communication programme consists of two projects which will be carried out nationwide. The advocacy project aims at generating sufficient political will to increase the proportion of the national budget and the amount of official assistance allocated to the social sectors. The programme will help the Government prepare and submit its report to the Committee on the Rights of the Child. It will monitor implementation of the rights of women and children as regards health and equitable access to basic social services. The social communications project aims at increasing the use of this medium for basic social services and developing practices which promote the health of children, women and everyone in the community. A communications component using modern media, such as radio and television, will support both projects. The United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Food and Agriculture Organization of the United Nations (FAO) will collaborate with the programme in the context of promoting the use of rural radio for the education of girls and women.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1998-2002[a]

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Social policy planning and statistics	2 000	2 000	4 000
Health and nutrition	2 000	2 000	4 000
Basic education	2 000	2 000	4 000
Advocacy and communication	500	1 000	1 500
Total	6 500	7 000	13 500

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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COUNTRY NOTE**

Guinea-Bissau

SUMMARY

The Executive Director presents the country note for Guinea-Bissau for a programme of cooperation for the period 1998 to 2002.

THE SITUATION OF CHILDREN AND WOMEN

1. Guinea Bissau is a least developed country with a per capita gross national product of $240. Its small population is extremely poor and has a limited education and human resources base. The country adopted multi-party democracy in 1994 and is struggling with the transition from a centrally planned to a more liberal economy. As part of the political and economic reforms, the Government is moving increasingly towards decentralization. Growth of the economy and development of social services are hampered by poor management and high debt servicing. Guinea-Bissau joined the African Financial Community zone in January 1997, a move which is expected to facilitate its economic integration into the region. None the less, the country's serious economic difficulties limit efforts to improve the situation of children and women.

2. The rate of population growth, at 2.2 per cent, while not high by regional standards, by far exceeds the ability of the economy to keep pace. Urban areas have an annual population growth rate of 5.5 per cent, fueled by migration from rural areas. Deepening socio-economic differentiation has led to disintegrating family structures and an increasing number children and youth seeking a living in the streets.

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3. Mortality rates in Guinea-Bissau remain a cause for concern. In 1995, the life expectancy at birth was 45 years. One fourth of all children die before their fifth birthday and 1 in 100 births results in a woman's death. The main causes of child morbidity and mortality continue to be malaria, diarrhoeal diseases and acute respiratory infections, aggravated by inadequate access to and management of health systems and water supply and sanitation facilities. Only 53 per cent of pregnant women are immunized against tetanus, and only an estimated 27 per cent of deliveries are assisted by trained health staff. Risk factors for maternal mortality include low status of women, widespread use of harmful traditional practices, heavy workload, early pregnancy and inadequate child spacing, compounded by poor nutritional status, malaria and lack of safe delivery services. The prevalence of HIV among the adult population is about 3 per cent.

4. Illiteracy rates stood at 57 per cent for women and 32 per men for men in 1995. There has been some progress in increasing net primary school enrolment rates, which rose from 39 per cent in 1990 to 44 per cent in 1995. However, there are wide discrepancies between regions and between girls and boys (59 per cent for boys versus 32 per cent for girls). Among the factors contributing to this gender gap are the overall role of women in society, which often views girls' education as being unimportant or as detracting from their responsibility to contribute to family welfare, in addition to poor teaching quality and the perceived relevance of the curriculum to a girl's family life.

LESSONS LEARNED FROM PAST COOPERATION

5. The previous country programme aimed at achieving the mid-decade goals on a national basis. In general, the strategies used proved to be appropriate, although the objectives of full national coverage were too ambitious, especially because of the country's limited human resources base. The Government in effect recognized this fact when it decided to extend the period of the national programme of action (NPA) to 2002. A major success of the programme was the implementation of the Bamako Initiative strategy in one of the country's nine administrative regions, with all of its 14 health centres revitalized under the programme, covering 14 per cent of the overall population. This more effective, limited approach will be used for the proposed country programme.

6. Another important lesson arose from the immunization programme, which was operated as a separate, vertical programme. While there were encouraging results for overall immunization rates, poor understanding among mothers about the need for immunization threaten achieved coverage of measles and tetanus. Under the new country programme, immunization will be part of an integrated health system that provides basic services on a routine basis. Information and social mobilization campaigns will be used to stimulate utilization. The convergence of other programme interventions, especially water and sanitation, with health will also be stressed to maximize impact.

7. Other successful initiatives included increased support for non-formal education, especially for girls, in selected areas of Bissau, the capital. By using community schools and madrassas (Arabic schools), girls' enrolment increased by 41 per cent over a three-year period. Parents were more likely to send their daughters to these schools because of their proximity and curriculum. In both the formal and non-formal education sectors, UNICEF worked with partners to improve the quality of education. Similarly, community management of water and sanitation facilities proved effective. For example, in two districts of the region of Cacheu, where coverage rose to 80 per cent, community management helped to prevent the spread of cholera during an epidemic in 1995.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The proposed country programme, the main focus of which is the Convention of the Rights of the Child, has been developed within the context of the Government's Perspective Plan (2000-2025) and the NPA. Its preparation entailed a series of consultations with government ministries and other partners, including bilateral donors, national and international non-governmental organizations and United Nations agencies. The programme was formulated taking into consideration the comparative advantage of UNICEF and the contribution of other bilateral and multilateral partners. The objective of the UNICEF programme will be to contribute to the reduction of child and maternal mortality and to increasing school completion rates while reducing disparities between boys and girls.

9. In implementing the country programme, the following core strategies will be applied: (a) broad-based advocacy to mobilize decision makers and the public at large in support of programmes benefiting children and women; (b) capacity-building to strengthen planning, monitoring and evaluation of social programmes at both central and regional levels; (c) empowerment of the community, especially of women and young people, by promoting "ownership" and fostering participation, inter alia, through life skills education; (d) delivery of affordable basic services to the most vulnerable groups; and (e) strengthening the impact and sustainability of services by ensuring that they are provided in parallel, e.g., using primary schools for growth monitoring, immunization and primary environmental care, thus involving and mobilizing families and communities in these activities.

10. The country programme will have four programmes, one of which will focus on national-level policy development and related activities, with the other three focusing all or in part on selected regions of the country. Working in partnership, the Ministry of Health, the Government of the Netherlands (a major donor in Guinea-Bissau) and UNICEF selected five regions for expansion of the Bamako Initiative. Those regions are also characterized by low education completion rates, especially for girls. To promote the convergence of different programme activities, the UNICEF programmes will operate in the same selected regions. Initially, general resources will be used in three regions and a few bairros (neighbourhoods) of Bissau to consolidate and scale-up already initiated activities, e.g., girls education and the Bamako Initiative. In addition, these funds will help to develop a sound database so as to have more accurate information for programme planning and funding proposals. Supplementary funding will be used to cover the other two regions and additional selected areas of Bissau, thus covering more than 60 per cent of the population.

11. The policy development and coordination programme comprises two projects. The first will focus on promotion of the rights of children, youth and women, and will aim to help the Government to revise and develop legislation in accordance with the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. UNICEF will also help the Government to prepare its initial report to the Committee on the Rights of the Child and to develop mechanisms for monitoring implementation of the Convention. The second project will aim to strengthen social sector coordination by establishing a national social sector data bank for improving monitoring and evaluation.

12. The advocacy and communication programme has two projects. The first will aim to create, in collaboration with other partners, a national awareness of the situation of children, youth and women and stress the need to restructure government budgets in accordance with the principles of the 20/20 initiative.

In addition, UNICEF will work with the private sector and business community on Guinea-Bissau to explore possibilities for collaboration. The second project will focus on the selected intervention areas and will promote utilization of social services and empowerment of communities for social action through behavioural changes.

13. The survival of children and women programme has two projects. The primary health care project will focus solely on the selected intervention areas and aim to revitalize health centres through the establishment of management committees and the development of cost-sharing mechanisms. Services to be strengthened will include integrated case management of childhood illnesses, including malaria, the treatment of sexually transmitted diseases, antenatal care, safe delivery care, family planning, immunization and nutrition education, as well as peer education programmes for the reduction of HIV/AIDS and related problems. At the regional hospital level, emergency obstetric referral care will also be strengthened. In addition to those project activities, regions not covered by the revitalization efforts will continue to receive a steady supply of vaccines and oral rehydration salts. Under the project for improved management of the water and sanitation environment, UNICEF will provide water points and latrines to health centres and schools in the selected intervention areas. In addition, in two thirds of the villages throughout the entire country, information, education and communication activities will enhance the impact of the availability of water and sanitation facilities.

14. The basic education and empowerment of women programme has two projects. The universal basic education project will build on the success of non-formal education initiatives, such as community schools and madrassas, and on activities in formal education. Training will be provided to teachers and school directors in school management and curriculum design, with the overall aim of improving both enrolment and completion rates and the quality of education. The girls' and women's education project, operated with support from the Government of Norway, will aim to increase girls' school completion rates. At the same time, life skills for women, including literacy, management and accounting skills, will be taught through non-formal education programmes. One of the aims is to empower women to play a more active role in the lives of their families and communities, for example, by providing them with the skills to participate in health management committees.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1998-2002 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Policy development and programme coordination	900	910	1 810
Advocacy and communication	675	700	1 375
Survival of children and women	1 800	3 990	5 790
Basic education and empowerment of women	1 125	1 400	2 525
Total	4 500	7 000	11 500

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

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COUNTRY NOTE**

Mali

SUMMARY

The Executive Director presents the country note for Mali for a programme of cooperation for the period 1998 to 2002.

THE SITUATION OF CHILDREN AND WOMEN

1. Mali, a Sahelian country, most of which lies in the desert region, is one of the poorest countries in the world. It has a population of nearly 11 million inhabitants. With a per capita gross national product (GNP) of $US 250, Mali's Human Development Index ranking in 1996 is 171 out of 174. About 73 per cent of the population lives below the poverty level of 137,000 CFA francs ($US 275) set by the Malian Government. The external debt burden amounted in 1994 to 152 per cent of GNP, with 28 per cent of export earnings being earmarked for debt servicing.

2. In deciding to use the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women as

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the framework for reviewing the situation of children and women, the Government of Mali and UNICEF confirm that Mali and its partners will use these Conventions as a basis for defining their action in favour of children and women. That decision was based on five factors: (a) the ratification of the two Conventions by Mali; (b) the ongoing process of democratization and decentralization; (c) the new rights-based approach to development resulting from the near universal ratification of the two Conventions; (d) the complementarity of the two Conventions; and (e) the fact that the two Conventions represent both the starting point and the purpose of UNICEF activities. The analysis was based on the concept of the right to survival, to development, to protection and to participation (the latter being a cross-sectoral element which supports, and is in turn supported, by the three others).

3. In terms of the priority problems of the survival of children and women, the high maternal (1,200 per 100,000 live births), infant (117 per 1,000 live births) and child (210 per 1,000 live births) mortality rates, and the high incidence of permanent disabilities are attributable to several factors: poor performance of and limited access to health care services (40 per cent); closely spaced pregnancies; inadequate access to supplies of drinking water (45 per cent); poor sanitation; practices that adversely affect health (excision 94 per cent, poor weaning practices and diet); the alarming increase in the incidence of sexually transmitted diseases and in the incidence of the human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) (4.5 per cent).

4. Problems in the area of development mainly concern the low school enrolment rate (50 per cent for boys and 33 per cent for girls according to government sources) and the low literacy rates, especially among girls and women (14 per cent, according to government sources), the poor performance of the educational system (30 per cent repeat rate) and the fact that few women participate in public and political life or have paid employment. The problems with respect to protection are: the poor record of compliance with the civil rights of the child; laws and traditional practices that discriminate against women; physical and mental abuse; economic and social exploitation; the degradation of moral standards and its consequences; and the fact that the specific needs of particularly disadvantaged groups are neither protected nor provided for.

LESSONS LEARNED FROM PAST COOPERATION

5. The mid-term review of the 1993-1997 programme led to a number of general conclusions which resulted in the adjustment of the current programme's strategies and the identification of strategies for the following programme. In particular, it highlighted the need to: strengthen programme support for the formulation and implementation of national policies; strengthen the capacity of public institutions and civil society to provide support; strengthen the complementarity and cross-sectoral nature of programme activities (inter alia, by including nutritional aspects in the health programme); and accelerate the expansion of decentralized basic services coverage through greater community empowerment. The review also confirmed the wisdom of efforts to gradually shift towards strategies directed at institutional capacity-building and community

empowerment in order to support and enhance the overall efficiency and sustainability of services. It also confirmed the wisdom of the decision to shift the emphasis in the education programme now under way to support for policy formulation and improving access to and the quality of basic education. Lastly, the review stressed the need to channel activities relating to water supply, hygiene and sanitation through the district and area health centres.

PROPOSED COUNTRY PROGRAMME STRATEGY

6. The new programming framework was prepared on the basis of Mali's priorities and policies, the analysis of the situation, the mid-term review and the complementarity of UNICEF with the other partners, putting emphasis on the new priorities arising from the sectoral investment programmes (health and education) and those set out in the country strategy note.

7. The programme of cooperation for the period 1998-2002 is based on three intersectoral programmes: survival, development and protection. Thus, the programme shifts away from the traditional sectoral approach to an integrated and multisectoral approach within each programme and is strengthened by the interrelationship and complementarity of the three programmes. The programme aims at helping children and women in Mali to enjoy the rights set out in the two Conventions. Enhancing the well-being, the basic skills and knowledge of children and women in an environment propitious to the promotion of rights, will generate a momentum for increased involvement and empowerment. The aim reflects a long-term commitment which goes well beyond the five-year programme.

8. The programme's goals are designed to monitor, over a period of five years, the results in terms of securing the rights of children and women in Mali. These goals are to help Mali in its efforts to: (a) develop a culture of law which will support the promotion, enjoyment and protection of the rights of children and women; (b) reduce infant and child mortality by 30 per cent; (c) reduce maternal mortality by 20 per cent; (d) reduce the prevalence of permanent handicaps among children and women related to nutritional deficiencies, poliomyelitis and childbirth; (e) increase the gross enrolment ratio from 42 to 60 per cent; and (f) increase the literacy rate of women from 14 to 40 per cent. These goals are part of the national plan of action for children and the plan of action for the advancement of women, which reflect the commitments entered into by Mali at the World Summit for Children and the Fourth World Conference on Women.

9. These goals will be achieved through four comprehensive strategies: (a) strengthening of Mali's capacity in the formulation and implementation of a sound development policy framework that guarantees the rights of children and women; (b) support for the move of civil society towards greater empowerment of the people; (c) support for the implementation of decentralization; and (d) strengthening of the geographical convergence of multisectoral interventions in terms of synergy and impact by placing special emphasis on the poorest children and women. At the operational level, the programme will be supported by two cross-sectoral strategies, namely, social mobilization and monitoring and evaluation.

10. The survival programme covers health, nutrition and water-hygiene-sanitation. Its objectives are to help the country to: (a) reduce under-five child mortality attributable to diarrhoeal diseases, acute respiratory infections, malaria and malnutrition by 40 per cent, and to reduce mortality due to the diseases covered by the expanded programme on immunization by 80 per cent; (b) reduce maternal mortality related to dystocia and post-partum haemorrhaging by 30 per cent; and (c) encourage the community and women in particular to take charge of their health.

11. Priority actions will be to build on the achievements and strengths of UNICEF in the implementation of national policies and, more specifically, to expand and improve the quality and coverage of health services with particular emphasis on rural and urban fringe areas; to improve sanitation and drinking water coverage; to support decentralization by strengthening and developing capacity at the operational and community levels and by familiarizing the other levels (central and regional) with their new roles; to ensure the sustainability of services through an equitable system of cost-sharing and the development of partnerships; to ensure complementarity among intersectoral activities; and lastly, to coordinate assistance at all levels with a view to enhancing the effectiveness and efficiency of social and health policies.

12. The objective of the development programme is to help the country to enhance the basic skills and knowledge of children and women to enable them to better enjoy their rights. Priority actions will be to: (a) improve access to basic education by reducing disparities (between boys and girls and between regions). This will be achieved by encouraging a new partnership approach to schools which, inter alia, will give the community a greater say in the management of schools and help tailor programme content to local needs; (b) enhance the effectiveness and efficiency of the system of basic education by improving the quality of curricula, strengthening teacher training capacity and promoting the systematic use of the list of schools as a decentralized planning tool; and (c) improve women's access to functional literacy in order to enhance their social, economic, cultural and political power.

13. The objectives of the protection programme are to assist the country to: (a) create an environment that is propitious to the enjoyment of rights; and (b) ensure greater economic and social integration of women and children needing special protection. The priority activities will be to: (a) contribute to the promotion, enjoyment and protection of rights by strengthening the legal framework and enhancing the skills and capacities of public services and civil society; and (b) establish specific measures for particularly vulnerable women and children by supporting the preparation of a national special protection policy, giving them greater access to basic services and establishing or strengthening more specialized structures and services.

14. One of the programme's strengths is the high level of involvement of the Malian authorities from the start of the institutionalized programming process as reflected in the establishment of an interministerial task force (steering committee). Moreover, the systematic use of intersectoral working groups (which have included Mali's development partners) has led to widespread compliance with the strategies adopted and a firm commitment by the authorities to the completion of the next programme. Potential obstacles to the execution of the

programme could be the Government's ability to continue to implement the decentralization process in a democratic manner and to keep the peace in the north of the country.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1998-2002*

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Survival	7 500	9 000	16 500
Development	5 500	5 500	11 000
Protection	2 000	1 000	3 000
Cross-sectoral strategies (social mobilization, monitoring and evaluation)	1 605	500	2 105
Total	16 605	16 000	32 605

*These are indicative figures only which are subject to change once aggregate financial data are finalized.

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COUNTRY NOTE**

Bolivia

SUMMARY

The Executive Director presents the country note for Bolivia for a programme of cooperation for the period 1998 to 2002.

THE SITUATION OF CHILDREN AND WOMEN

1. Legislative measures such as the laws of popular participation and administrative decentralization have resulted in a significant decentralization of the state to the municipal level, thus increasing the scope for working with local governments which are now directly in charge of the provision of social services. These changes have also increased the participation of the poorest, mainly indigenous and rural populations in all spheres of public life. However, social indicators reveal that ethnic, geographical and gender disparities remain wide, while public policies in several crucial social areas are still incomplete or not yet fully implemented.

2. Infant and under-five mortality rates (IMR and U5MR) are estimated at 73 and 105 per 1,000 live births, respectively, a marked improvement compared to the rates of 109 and 162, respectively, during 1980-1985. The main causes of infant and child deaths are acute respiratory infections and diarrhoea. Malnutrition, the most important associated cause of child morbidity and mortality, mainly in the 0- to 24-month age-group, remains a serious and worsening problem, and is caused principally by inadequate feeding practices, recurrent infections and poor access to food, particularly in the rural altiplano (highlands).

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* E/ICEF/1997/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1997.

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3. Only 47 per cent of rural households have access to potable water and 32 per cent to basic sanitation, up from 30 and 15 per cent, respectively, in the 1980s. Immunization coverage of infants is over 85 per cent, more than double the level in 1990. Poliomyelitis has been eradicated and measles drastically reduced. While iodine deficiency disorders have been virtually eliminated, vitamin A deficiency and iron deficiency anemia are still significant public health problems. Maternal mortality remains high at 390 deaths per 100,000 live births, but ranges from 110 in the lowlands to 890 in the rural highlands. High fertility rates are associated with an unmet demand for family planning and cultural, geographic and economic barriers to the use of services.

4. Educational reform, which in 1994 officially introduced multicultural, multilingual education in the country, has yet to have a measurable impact in the classroom. While basic education coverage reaches 80 per cent nationwide, there are serious ethnic and geographic disparities and problems of quality. Primary education completion rates are only 53 per cent in urban areas and 7 per cent in rural areas, with significant gender gaps. Preschool education coverage is less than 20 per cent for children under six years old. About 24 per cent of women are illiterate, but illiteracy among rural women is 50 per cent.

5. The inclusion of children in the labour force is widespread. Violence and abuse against children and women have become issues of public concern. Legislation, such as the new Code of the Minor, and adherence to the Declaration on the Elimination of Violence against Women, has been introduced by the Government, but has yet to positively affect the lives of most women.

LESSONS LEARNED FROM PAST COOPERATION

6. Social reforms and the decentralization processes have created new opportunities for cooperation with municipal governments and local organizations, as well as for increased local-level coordination and complementary programmes with other United Nations, international and bilateral agencies. These new opportunities will be pursued further in the new country programme.

7. Important experiences in how to empower local communities by working with non-governmental organizations (NGOs), community organizations and local governments have taken place in the departments of Potosi, Chuquisaca, Southern Cochabamba and in the Guarani region. This involved a process of shifting gradually from a strong service delivery orientation to an increased emphasis on strengthening the capacity of public institutions. The resources mobilized as a result of the law of popular participation includes the transfer of 20 per cent of national tax revenues directly to municipalities. This increase in recovery has increased the level of sustainability of this initiative.

8. The private sector has become an important partner with respect to the production and distribution of iodized salt, oral rehydration salts and sugar fortification with vitamin A, and with communication media. It will continue to be a crucial ally in efforts to sustain and expand coverage during the next country programme.

9. In order to have an impact on the reduction of maternal mortality, attention should focus on the rural highlands which have a large portion of the poorest municipalities. The national insurance for maternity and childhood, introduced in 1996, has begun to reduce economic barriers to the use of

services. However, the insurance programme should be accompanied by efforts to improve service quality, including the social skills and cultural sensitivity of social service workers.

10. Nutrition strategies can empower communities and families when they consist of a mix of improved access to food, education programmes targeting parents and increased access to water and sanitation.

PROPOSED COUNTRY PROGRAMME STRATEGY

11. The general objective of the 1998-2002 Government of Bolivia-UNICEF programme of cooperation is to contribute to the achievement of the goals of the National Plan of Action, and particularly to reduce IMR and U5MR, maternal mortality, moderate and severe malnutrition in children under five years old, and illiteracy, especially among women, and to increase access to health, education, hygiene, water and sanitation services. Priority will be given to the reduction of ethnic, geographical and gender disparities in about 140 of the most deprived municipalities out of a total of 311 nationwide. These include those municipalities covered by the regionally-funded Andean and Amazon programmes.

12. The specific programme objectives are to (a) assist the national Government in the formulation of public policies in favour of children and women in areas such as child development where they are lacking or incomplete; and (b) rural and peri-urban areas. The mix of strategies will focus on capacity-building of national and municipal governments and local organizations - gradually reducing UNICEF assistance to the delivery of basic services - and on advocacy for promoting children's and women's rights and reorienting the allocation of resources in favour of the most vulnerable groups. Achievement of the proposed objectives will depend heavily on the continuation of the process of popular participation and decentralization.

13. The proposed programme structure will reflect an orientation on both policy advocacy and local government actions on child rights issues, with two cross-sectoral programmes - public policies for children and women and integrated municipal development programme. UNICEF will support the application of social policies developed at the national level in the 140 priority municipalities. The experience generated at the local level will also be used in the formulation of national policies. Specific areas of action for both programmes will include: (a) advocacy and communication; (b) institutional strengthening; (c) health and nutrition; (d) water, sanitation and hygiene; (e) child development; (f) primary education, with an emphasis on multicultural and multilingual education; (g) literacy; (h) protection and participation; and (i) monitoring and evaluation. Annual planning and review meetings, supported by monitoring and evaluation, will constitute the main adjustment tools.

14. The public policies for children and women programme will support the formulation of public policies in the areas of health, education, and child protection and development, with a particular emphasis on child nutrition, child labour, young child education and adult literacy. The objective of the programme is to reduce disparities and increase access to services among the most vulnerable groups. Main strategies will include the provision of technical assistance to strengthen policy development capacity at national- and departmental-level agencies and advocacy to (a) increase the commitment of resources on programmes in favour of children; (b) encourage a continuous process of situation analysis; (c) support the development of an integrated information system; and (d) create alliances among relevant public agencies and

NGOs, including the private sector, in support of the national agenda for children.

15. The integrated municipal development programme aims to strengthen municipal governments and local organizations in the poorest municipalities of the country, empower families and communities, and increase their access to, and utilization of, basic services. Strategies will include (a) advocacy and technical assistance to strengthen the managerial capacity of local governments, NGOs and community organizations and increase resource allocations in favour of children; (b) selective strategic service delivery for the promotion of sustainable approaches to child development; and (c) education, communication and local participatory mechanisms to modify community attitudes and practices, reinforce the demand for social services and improve cultural sensitivity of service workers, and develop a culture of respect for children's and women's rights. The programme will support the implementation of educational reform and promote a multicultural and multilingual focus consistent with educational and other national reform policies.

16. The social reforms under way have increased the scope for community participation in planning and co-financing, as well as for operational coordination with other development organizations, including bilateral, multilateral and other United Nations agencies, and NGOs. Close cooperation with other agencies, for example, with the Inter-agency Technical Committee on Health in collaboration with the Pan American Health Organization/World Health Organization and the United States Agency for International Development, the Dutch cooperation on training in municipal planning and the Inter-American Development Bank on child development, will be maintained within the framework of the United Nations country strategy note, and will include activities such as joint financing and planning efforts.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1998-2002 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Public policies for children and women	2 500	3 000	5 500
Integrated municipal development	1 980	37 000	38 980
Total	4 480	40 000	44 480

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized. They do not include the regionally-funded Andean and Amazon programmes which are submitted separately to the Executive Board.

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COUNTRY NOTE**

Venezuela

SUMMARY

The Executive Director presents the country note for Venezuela for a programme of cooperation for the period 1998 to 2002.

THE SITUATION OF CHILDREN AND WOMEN

1. Venezuela has ratified both the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women and is committed to their implementation. The goals of the World Summit for Children were included in the 1991 national plan of action (NPA). In the IX National Plan (1994), the State's objectives are macroeconomic stabilization; equitable and sustainable social development; reactivation and restructuring of the productive system; increased competitiveness; and replacement of the culture of dependence on the State by a culture of rights that encourages social participation and guarantees opportunity for all.

2. Despite those positive initiatives, however, Venezuela has entered a period of economic crisis because of falling oil revenues. As a result, poverty has increased and income disparities have widened, adversely affecting the situation of children and women, especially in marginal urban areas and among

* E/ICEF/1997/2.

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indigenous populations. Its 1995 gross national product was lower than in 1980, and inflation could reach 95 per cent in 1996. The unemployment rate of 11 per cent is one of the highest in the region. Debt service represents 32 per cent of the national budget and approximately 20 per cent of exports.

3. Deficiencies in civil registration impede access to education and health for certain population groups. In education, a 78 per cent retention rate to grade 5 and a 19 per cent secondary school enrolment in 1993-1994 are low in relation to the country's development level. In the last 10 years, 3.2 million children have dropped out of school.

4. The maternal mortality ratio increased from 56 per 100,000 live births in 1988 to 68 in 1994. In 1994, both the infant mortality rate (25 per 1,000 live births) and the under-five mortality rate (30 per 1,000 live births) were higher than in 1993. There are problems in sustaining immunization efforts. New strategies are required in the prevention and treatment of acute respiratory infections and diarrhoeal diseases. The expansion of safe water coverage has failed to keep pace with increased requirements. Deficiencies in environmental sanitation systems pose risks to health and degrade natural resources.

5. Venezuela leads the region in the fortification of common foods to combat anaemia and vitamin A deficiencies and is making progress towards the elimination of iodine deficiency disorders.

6. Violence in the family, community and society is on the rise, and crimes against the individual are perceived as a national problem. In 1993, some 2,000 children and adolescents died from violent causes and another 7,900 suffered personal injuries.

LESSONS LEARNED FROM PAST COOPERATION

7. Both the Government and civil society recognize that investment in children should to be accorded the highest political priority, but the transformation of this consensus into effective and efficient national action has yet to materialize fully. The challenge is to accelerate national social investment reforms so that there is a more efficient use of resources for child survival, development and protection. The focus of the current two-year bridging programme on targeted advocacy and technical assistance has yielded some improvements in social investment to benefit children.

8. Strategic alliances with business and academic sectors, non-governmental organizations (NGOs) and others have generated broad public support for mobilization in favour of adapting national legislation so that it conforms to the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. Funds from the Special Adjustment Facility for Latin America and the Caribbean have been used for this purpose.

9. The national mid-decade NPA review concluded that unless children's concerns are integrated into macrolevel reforms, there will be no sustainable achievement even in programmes such as immunization. The review also identified the need to (a) improve the links between compensatory measures and medium- and long-term public policies; (b) strengthen capacities for situation analysis, monitoring and evaluation; (c) decentralize planning; (d) improve the link

between programmes and budgets; (e) strengthen technical and management capacity; (f) reduce the frequent changes of counterparts; and (g) expand systems of information to orient national and local decision-making.

10. The UNICEF-assisted subregional Andean and Amazon programmes have generated considerable interest and ideas for the design of new policies and strategic directions in the Government's national action plan for integrated service delivery.

11. Recent fund-raising activities benefiting UNICEF-assisted programmes have shown that both private and public sector enterprises are interested in supporting programmes for children.

PROPOSED COUNTRY PROGRAMME STRATEGY

12. The IX National Development Plan aims to address children's needs through (a) the promotion of human rights, especially those aimed at strengthening the family, with the child as the development priority; (b) the creation of opportunities and conditions for the full development potential of children and adolescents through access to health care and education, and the enjoyment of essential rights; (c) the reduction of geographic disparities and inequities based on ethnicity and gender; and (d) support to the modernization process, the building of institutional and organizational capacity, and social participation. In this context, the Government of Venezuela-UNICEF programme of cooperation aims to use advocacy, in support of the National Development Plan, to (a) expand the coverage of vulnerable groups in basic programmes; (b) develop targeting mechanisms to reach the poor and marginalized; and (c) mobilize all sectors of society, including children, adolescents and women.

13. Children and public policy. UNICEF will support the Government and NGOs to undertake research and analysis, with a focus on human rights issues such as gender. Research will stress the promotion of social justice and provide for the formulation of public policies based on cost-effective and sustainable choices for the provision of social services. UNICEF will also provide technical assistance in the following areas: policy development; follow-up to the World Summit goals; and monitoring of programme processes and results. This will comprise facilitating the adaptation of national legislation to the stipulations of the Convention on the Rights of the Child, institutional modernization and capacity-building, and advocacy to improve budget allocations for the social sectors and the participation of children and youth. UNICEF will support improvements related to training and institutional strengthening; the development of an integrated system of indicators, statistics and information; social budget management; and the development of evaluation methodologies.

14. Local development. The objective is to contribute to basic services delivery through the strengthening of management capacities of community organizations and social management practices by utilizing positive experiences and demonstration projects. UNICEF will support the use of techniques to introduce intersectoral implementation of primary health care activities, including immunization, sanitation, food and nutrition security, safe water, education, community organization and participation. Service coverage in those areas will provide feedback to national sectoral programmes in order to ensure national achievement of goals. A group of communities in poor rural and urban

areas, including Metropolitan Caracas and Andean and Amazonian states, will continue to be a priority. A national movement of local institutions and Mayors as Defenders of Children will be developed to promote the organization and mobilization of children and adolescents; the integration of curricula on child rights into social management courses for local mayors; the development of appropriate materials; and the establishment of an integrated system of information and methodologies to evaluate programmes for children, including the identification and dissemination of successful experiences nationwide.

15. Communication and social mobilization. The proposed country programme aims to mobilize public opinion, NGOs, churches and the private sector and to empower families around child development and protection, and to promote the notion of co-sharing of responsibility and co-financing. Activities will emphasize the systematization of national and local knowledge as well as increased access to scientific and technological know-how in the area of family, children and women. Discussions on child rights issues will be encouraged through seminars and other forums for public officials and national leaders.

16. Programme support. The country office will need to improve its technical capacity in the areas of social policy development, communication support and improved resource mobilization through local fund-raising and advocacy in support of national priorities.

17. Coordination with other agencies. There will be close cooperation with the United Nations Development Programme in public policy development; with the Pan American Health Organization and the United Nations Educational, Scientific and Cultural Organization in health and education reform, respectively, and in training for communities and families; with the United Nations Development Fund for Women on adapting legislation to the Convention on the Elimination of all Forms of Discrimination against Women; with the International Labour Organisation on the development of policies concerning child labour; with the World Bank on providing assistance to state reform and programmes for poor urban areas; with the Food and Agriculture Organization of the United Nations on improving food security; and with the Inter-American Development Bank on expanding co-financing of projects.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1998-2002 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Children and public policy	1 750	1 080	2 830
Local development	800	2 835	3 635
Communication and social mobilization	1 700	1 085	2 785
Total	4 250	5 000	9 250

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

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COUNTRY NOTE**

Multi-country programme recommendation

SUMMARY

The Executive Director presents the country note for the multi-country programme of the Eastern Caribbean (covering Anguilla, Antigua and Barbuda, Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos Islands) for a programme of cooperation for the period 1998 to 2002.

THE SITUATION OF CHILDREN AND WOMEN

1. All of the countries covered by the multi-country programme have signed and ratified both the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women, and have prepared or are finalizing their initial reports to the Committee on the Rights of the Child. They have also achieved the mid-decade goals, except for the goal concerning baby-friendly hospitals, and are on course to achieve the World Summit for Children goals. However, Suriname and Trinidad and Tobago, which have only recently become part of the Eastern Caribbean programme, are showing worsening child survival indicators. Trinidad and Tobago's economy has declined steadily since the mid-1980s, and the percentage of households living in poverty has increased from an estimated 3 per cent in 1981 to 22.5 per cent in 1992. In Suriname, the virtual collapse of the economy has led to the decrease of the gross national product per capita from $3,000 in 1992 to less than $1,000.

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2. Even the better-off countries face economic slow-down and uncertainty and a looming collapse of preferential trade agreements for their exports. Past achievements have not been consolidated, and because of the extremely vulnerable socio-economic situation, they will be increasingly difficult to sustain.

3. There has been an increase of reported cases of child abuse and violence against women. In Saint Lucia, the number of reported cases of child sexual/physical abuse and negligence/abandonment in 1994 were 10 and 20 times higher, respectively, than in 1984. The incidence of AIDS among the young is high, with one AIDS-related death occurring every three days in Barbados alone. Similar trends exist in arrests of children (especially teenage boys) for drug offences and theft, and pregnancy among ever younger girls. Among the causes are the breakdown of the traditional family system because of economic pressure, particularly on women, who now head one half of the households, together with a lack of job opportunities for youth, 50 per cent of whom are unemployed.

4. Two thirds of the children who enter primary school do not pass the main examination at age 11. The majority of the remaining one third who pass later fail to obtain certification at age 16. These failures are associated with unqualified teachers who use inadequate teaching methods and focus on examinations, coupled with the lack of materials.

LESSONS LEARNED FROM PAST COOPERATION

5. The mid-term review and strategy meeting concluded that prevailing economic and social conditions justify a shift in strategy in the next country programme cycle to a rights-based and integrated programme in order to sustain basic social services and promote child rights. Efforts to promote child rights must include greater popularization of ethics related to child rights at home and through community organizations.

6. The social impact of economic problems in Suriname and Trinidad and Tobago demonstrates the need for close monitoring of social indicators in all countries. In the better-off islands, the remedial measures used to address family breakdown lack preventive interventions in such areas as health and life skills.

7. The previous cooperation has demonstrated the effectiveness of sharing successful national experiences with the other islands. The participation of Caribbean countries in regional forums, such as the 1996 Ministerial meeting on follow-up to the World Summit for Children held in Santiago and the Belize Conference on Child Rights, demonstrates the importance of collective efforts in establishing common policies and strategies to address the problems of children. Similarly, several regional initiatives, financed through the Special Adjustment Facility for Latin America and the Caribbean and other sources, have been emulated successfully at national levels.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. All Governments have set national goals for the reduction and eventual elimination of poverty through sustained economic diversification and targeted social policies. UNICEF will help Governments to consolidate gains in child survival through a mix of strategies that will encompass: (a) institutional capacity-building to strengthen the ability of communities to plan, execute and monitor social interventions; (b) advocacy to heighten social consciousness on child rights and equity; and (c) the mobilization of communities in support of

the Convention on the Rights of the Child. UNICEF assistance to service delivery will be limited to areas in special need or for demonstration purposes. Each programme will have components for monitoring and evaluation, strategic advocacy and communication. The multi-country programme will benefit a population of 2.5 million, of whom 0.9 million are children.

9. The countries will be clustered into three groups for programming purposes. Trinidad and Tobago, Suriname and the Windward Islands of Grenada, Saint Vincent, Dominica and Saint Lucia will focus on the immediate survival needs of children and women, targeting activities to specific underserved population groups. The better socio-economic indicators of Antigua and Barbuda and Saint Kitts and Nevis will warrant more selective targeted support to social planning and monitoring of child rights. UNICEF support in Barbados and the British dependencies of Anguilla, Montserrat and the British Virgin Islands will focus on advocacy and child rights monitoring and subregional initiatives where appropriate. To optimize programme linkages and resources, the multi-country programme will collaborate with multilateral and bilateral agencies.

10. The social investment, planning, monitoring and evaluation programme will help Governments to mobilize and target investment in basic social services, thus improving the efficiency and effectiveness of public expenditure. The programme will help decision makers, non-governmental organizations (NGOs) and communities gain better access to best practices and strategies in favour of children and women. The Santiago Accord, the Belize Commitment and the 20/20 Initiative will constitute advocacy tools for increased and sustained government prioritization for basic social services. The programme will provide technical assistance for the development of social indicators relevant to children and women, monitoring systems and related training, as well as participatory, community-based situation analyses, monitoring and selective periodic evaluations.

11. Social alienation and underachievement of children in schools will be addressed through the education for child development and participation programme, targeting disadvantaged children through preschool, formal and non-formal school settings. UNICEF will support NGOs and Governments in training and mobilizing day-care, preschool and primary teachers to improve the quality of education. Parents will receive training and information in the use and organization of home-based and community services for early childhood development, and in how to motivate their children to learn. The Organization of Eastern Caribbean States and the United Nations Educational, Scientific and Cultural Organization and UNICEF will undertake well-focused advocacy and research activities to improve the efficiency of basic education.

12. National child rights committees will be established involving both Governments and NGOs. Technical assistance will be provided to the committees, the judicial system, police and communities under the child rights promotion programme. The objective is to improve institutional coordination among various government departments and NGOs dealing with children and women, through, inter alia, support for the appointment of focal points for child rights. Multisectoral training will be provided, including support to help organizations working with families and communities. The aim is to generate dialogue, expertise and action for children in support of legislative and social reform. The programme will also identify families at risk of abuse and domestic violence, and provide training and counselling of parents and young people for the prevention of exploitation, substance abuse, teenage pregnancies, child pornography, violence and crime against children and women. The Caribbean Community will be involved in all subregional initiatives emanating from the programme.

13. The health and community life promotion programme will target the main survival priorities, especially in Suriname and Trinidad and Tobago, through activities in health, nutrition and sanitation, and through interaction with the Amazon programme in Suriname. These actions will benefit families and individuals at social and economic risk, and will include advocacy and social mobilization as well as technical assistance through community-based mechanisms. The objective is to improve communication among the community, clinic, hospital and schools through training in interactive skills and conflict resolution. It will build on the success of the health and family life education subregional project and will include special emphasis on male participation and gender socialization in collaboration with the University of the West Indies. There will be close collaboration with the Caribbean Food and Nutrition Centre, the Economic Commission for Latin America and the Caribbean, the Pan American Health Organization, the United Nations Capital Development Programme and the United Nations Information Centre.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1998-2002 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Social investment, planning, monitoring and evaluation	1 500	500	2 000
Education for child development and participation	1 650	1 750	3 400
Child rights promotion	1 250	1 000	2 250
Health and community life promotion	1 600	1 750	3 350
Total	6 000	5 000	11 000

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

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COUNTRY NOTE**

Lao People's Democratic Republic

SUMMARY

The Executive Director presents the country note for the Lao People's Democratic Republic for a programme of cooperation for the period 1998 to 2002.

THE SITUATION OF CHILDREN AND WOMEN

1. The Lao People's Democratic Republic has experienced steady economic growth since the early 1990s and has a per capita gross national product of $320. The population of 4.5 million is comprised of 50 ethnic groups who speak five major languages. Almost one half of the people still live in poverty and are unable to meet their basic needs. Gender, ethnic and regional disparities are increasing due to rapid socio-economic changes. The Government is trying to increase basic services by improving both service delivery and monitoring systems.

2. The Government has adopted the goals of the World Summit for Children through a national programme of action (NPA), which is being introduced into the national planning system. The Government has ratified the Convention on the Rights of the Child and submitted its first report to the Committee on the Rights of the Child. The National Commission for Mothers and Children (NCMC) plays a strategic coordinating role in monitoring implementation of the Convention and the NPA.

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* E/ICEF/1997/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1997.

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3. There has been progress regarding child survival rights. Over the last five years, the infant mortality rate (IMR) has declined from 125 to 113 per 1,000 live births and the under-five mortality rate (U5MR) from 182 to 142 per 1,000 live births, due partly to higher immunization coverage. There has been a decline in vitamin A deficiency and the country has achieved universal salt iodization. Breast-feeding is almost universal, but early or late complementary feeding is widespread. Malaria, acute respiratory infections (ARI), diarrhoeal diseases, anaemia, stunting and wasting still threaten child survival. The maternal mortality rate (MMR) is high at approximately 653 per 100,000 live births.

4. There has been slower progress with regard to child development rights. The gender gap in education leaves girls and ethnic minorities with the fewest opportunities. The female literacy rate is 42 per cent versus 64 per cent for men. Fewer girls than boys complete secondary education. Weak social services do not adequately address the new risks facing youth, e.g., exploitative labour, commercial sexual exploitation, HIV/AIDS and substance abuse.

LESSONS LEARNED FROM PAST COOPERATION

5. Programme implementation was continually assessed and modified to: (a) focus more sharply on key priorities, e.g., sustainable achievement of universal child immunization; and (b) use limited resources more effectively, e.g., through the zonal outreach strategy for immunization which is also helping to reduce vitamin A deficiency and promote oral rehydration therapy, the treatment of ARI and malaria prevention.

6. The strategic mix comprises capacity-building at all levels of Government, including mass organizations, the development of effective implementation and monitoring processes, and increasing the role of communities in decision-making and resource mobilization. For example, a tripartite management system for immunization involving the Government, mass organizations and local communities helped to overcome logistical constraints, weak institutional capacity and unskilled human resources, and also stimulated greater community demand. In addition, cooperation with the Joint United Nations Programme on HIV/AIDS is supporting efforts to prevent HIV/AIDS among at-risk youth through the development of new policies and capacity-building for government ministries and mass organizations, including women's and youth unions and the Lao Red Cross.

7. Reaching communities more effectively with key advocacy messages and information on such issues as universal salt iodization and immunization was made more effective through partnerships with mass organizations, provincial governments and district authorities.

8. The Government has improved child-centred policies as a result of a combination of advocacy by UNICEF and its participation in, and contributions to, regional ministerial and other consultations on goals, juvenile justice and the Convention on the Rights of the Child. These approaches will continue, especially with regard to emerging child protection issues.

PROPOSED COUNTRY PROGRAMME STRATEGY

9. The proposed strategy is based on the government priority of implementing the Convention on the Rights of the Child and the NPA; its commitment to the Convention on the Elimination of all Forms of Discrimination against Women; and the rural and human resource development priorities reflected in the United

Nations country strategy note. The Government's goals for children to which the country programme will contribute include: (a) the reduction of IMR, U5MR, MMR, related morbidity and malnutrition; (b) increased primary school enrolment and completion rates, especially for girls and ethnic minority communities; (c) improved programmes for early childhood development, non-formal education and life skills covering, inter alia, HIV/AIDS and substance abuse prevention; (d) gender equality for girls and women; (e) protection of children, e.g., from unexploded land-mines, trafficking and commercial sexual exploitation; and (f) the development of national and local capacities concerning laws and policy, services and monitoring. The objectives of the country programme of cooperation are to strengthen the quality and sustainability of existing services; extend coverage in selected high-risk communities and areas of the country; and promote implementation, monitoring and community awareness of child rights.

10. The main strategies include strengthening the delivery of basic services by building on effective existing mechanisms. One example is the tripartite management approach, with a greater focus on the sustainability of basic services and reaching underserved children. Sustaining high levels of service coverage will depend partly on the Government's undertaking policy modifications and acquiring higher skill levels in planning, management, technical aspects and monitoring. Stronger community participation activities will capitalize on viable traditions of self-reliance, helping to empower families to use existing services and undertake more effective self-help activities. Greater advocacy, assistance in the development of policies and technical help will be required for transborder and other emerging issues related to rapid socio-economic development, e.g., exploitative child labour, trafficking and HIV/AIDS. Advocacy at the central level will, in turn, help to develop policies and programmes at provincial and district levels, particularly for issues highlighted by the Committee on the Rights of the Child. UNICEF will continue to develop programme partnerships with key bilateral donors and National Committees for UNICEF.

11. The country programme will comprise four programmes. The advocacy, protection and monitoring programme will, firstly, strengthen the capacity of such institutions as NCMC for rights-based advocacy, national and local resource mobilization, the promotion of effective community participation and monitoring implementation of the Convention on the Rights of the Child and the sustainable achievement of NPA goals. Underlying causes such as gender inequality and attitudinal and behaviourial practices, including those related to HIV/AIDS, that hinder progress in general for child rights require priority attention. This will require improved monitoring and data analysis by strengthening the partnership of NCMC with the National Statistics Centre, State Planning Committee and line ministries. New partnerships for greater mobilization and community-based education will be formed with such mass organizations as the National Front and the Youth Union. Commitments agreed to at international conferences will provide programmatic frameworks.

12. The objective of the health and nutrition programme will be to contribute to the reduction of IMR, U5MR and MMR. One overall strategy will be to strengthen integration of services and expand access and usage, building on past achievements. For example, there will be expanded integration of immunization with other health services, in addition to improved quality of existing services and strengthened cooperation with the programmes of other agencies, e.g., with the United Nations Population Fund in the provision of reproductive health services. The other strategy will be to identify new opportunities for service

delivery and community-based activities for problems not addressed by existing systems. For example, UNICEF will build on the experience being gained from an innovative project on safe motherhood and community health funded by the Government of Sweden, and from an anti-malaria project supported by the Government of Japan, both of which combine health service delivery with strong community participation and education to reduce maternal mortality. Micronutrient deficiencies will be reduced through supplementation, improved dietary intake, continued promotion of breast-feeding, appropriate complementary feeding, improved child care and behaviourial practices, and by involving village chiefs, local women and community leaders. For the reduction of both maternal mortality and protein-energy malnutrition, community-level interventions, the convergence of services and national policy development will be priority actions.

13. In line with the new national sector strategy being developed collaboratively, the water and environmental sanitation programme objective is to strengthen policy and technical capacities to expand coverage to more difficult areas. The existing technology package and previously successful community participation methods will be refined and adapted to address gender, public health, school, environmental and personal hygiene aspects. Increased collaboration will be fostered with non-governmental organizations, other United Nations agencies such as the United Nations Development Programme, bilateral donors and the private sector.

14. The objective of basic education programme is to continue to expand access and coverage, especially for the girl child, and improve the quality of community- and family-based early childhood education and primary education, especially for rural and ethnic minority children. Capacity-building will focus on training of underqualified teachers, improved school management and pedagogical support through networks of clustered schools. Community-based, non-formal education will be expanded to reach out-of-school and semi-literate youth, especially girls and women from ethnic minorities. The quality of curricula for formal and non-formal education will be strengthened with topics on hygiene education, including HIV/AIDS prevention. Linkages across both these levels and types of education services will be strengthened to maximize results.

15. The UNICEF programme management will extend successes both to achieve wider coverage and better address emerging children's issues. The country team and UNICEF regional resources will help to mobilize government and donor resources, manage effective implementation and maintain momentum and continuity of advocacy and programme efforts. Supplementary funding will be used to extend coverage and develop new programmatic approaches to child survival, development and protection.

16. The estimated budget for general resources of $5,265,000 for the five-year period 1998-2002 will be allocated by programme on the basis of an ongoing dialogue with the Government of the Lao People's Democratic Republic. Based on interest by donors and past experience, supplementary funding of up to $19,500,000 will be sought for the programme.

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COUNTRY NOTE**

Papua New Guinea

SUMMARY

The Executive Director presents the country note for Papua New Guinea for a programme of cooperation for the period 1998 to 2002.

THE SITUATION OF CHILDREN AND WOMEN

1. Over 800 culturally and linguistically distinct small-scale societies are dispersed throughout the mountainous terrain and islands of Papua New Guinea. Communication with the 85 per cent of the population who live in rural areas is difficult and expensive. Despite a middle-income per capita gross national product of $1,130, many of the country's social indicators are similar to those of least developed countries because the rural population is economically poor. The provinces face management difficulties and shortages of trained human resources, even though they receive 70 per cent of government budget allocations.

2. Papua New Guinea has ratified the Convention on the Rights of the Child. However, women are frequent targets of violence and have low status, and the fertility rate and the dependency ratio are high. The average woman gives birth to six children during her life. Complications of pregnancy are the major causes of maternal mortality, estimated to be at least 930 per 100,000 live births. Maternal malnutrition results in over 25 per cent of babies being born under weight, while 34 per cent of children under five years of age are malnourished. Over the last decade, the infant mortality rate rose from

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1997.

72 to 82 per 1,000 live births. Major causes are acute respiratory infections, malaria, meningitis and diarrhoea. New threats include sexually transmitted diseases, which have shown steady increases in recent years. The rate of HIV prevalence is the highest in the Pacific region.

3. It is not clear how well extended families and communities meet children's health, nutrition and other development needs. However, the community-based vernacular Tok Ples preschools help to prepare children for entry into primary schools. The primary school enrolment rate has increased steadily and is now about 75 per cent, with similar enrolment rates for girls and boys, but the percentage of girls enrolled declines thereafter. The literacy rate is around 45 per cent.

LESSONS LEARNED FROM PAST COOPERATION

4. While the value of goal-oriented programmes for children has been recognized in Papua New Guinea, experience has demonstrated the need to adapt goals to the unique needs and conditions in the country and for UNICEF-assisted programmes to focus on a limited number of well-defined objectives. Strong advocacy and social mobilization efforts by UNICEF have helped to raise awareness among policy makers of the worsening situation of children, to broaden political support for the child survival programme and to recognize the need for a multisectoral approach to child-focused policies and programmes.

5. More coherent and well-planned strategies for advocacy and mobilization are now necessary to aim at all potential partners in Government, civil society at national and subnational levels and the donor community, to move beyond awareness-raising to systematic planning, implementation, budget allocations and monitoring of programmes for children and women.

6. Improving the country's knowledge base on the situation and rights of children and women will help both the Government and non-governmental organizations (NGOs), including churches and women's groups, to articulate policy and programme implications of the Convention on the Rights of the Child. There is a need to build the capacity of the Government and NGOs in these areas and to establish an interdepartmental body to address these issues.

7. Policies and ongoing decentralization reforms have shown that national capacity-building alone is not adequate and that capacities for planning and monitoring at the provincial level, and for service delivery at community level, need to be developed in diverse cultural settings. The traditional roles of churches, women's groups and communities in participating in and contributing to their collective well-being need to be noted and mobilized.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The Government's policy framework for preparing the new country programme reflects a renewed sense of hope and optimism for children and women based on: (a) the recognition of the framework of the Convention on the Rights of the Child; (b) national health and education plans, recently prepared by the Government, with a set of realistic goals and strategies; (c) the re-establishment of the National Planning Office; (d) the United Nations country strategy note; and (e) substantial funds provided by the Australian Agency for International Development for health and education programmes for the period of the proposed country programme.

9. The country programme objectives will be to: (a) increase public awareness of and political support for child health and education goals and rights through advocacy and social mobilization; (b) work with donors, other United Nations agencies and the newly created provincial and district health boards and other government groups to develop child-centred national policies and programmes; and (c) through studies, evaluations, analysis and district-level inputs, establish a knowledge base and disseminate best programming practices for children and demonstrate sustainable, working examples for building local capacities. These objectives will be pursued in appropriate combinations at national, provincial and district levels.

10. The main strategies of advocacy, social mobilization and capacity-building will be reinforced through a complementary strategy of policy and programme development, employing sectoral programmes, e.g., health and education, in a more cost-effective intersectoral framework at district and community levels. A supportive coverage strategy for advocacy and social mobilization and programme interventions will be developed at national, provincial and district levels with government and non-government partners. National-level activities will include mobilization of political and civic leaders, e.g., women's groups, in support of child rights issues and the prevention of violence against women. Provincial-level cooperation will include support for social mobilization activities as well as mobilization of political leadership to allocate budgetary resources; the development of provincial multisectoral social planning and monitoring capacities; improved coordination to support district and community levels from which the best practices will be disseminated nationwide; and selected support to multisectoral service delivery, e.g., interrelated health, nutrition and early childhood education services, which will provide cost-effective examples to support national advocacy efforts in all provinces.

11. Advocacy and social mobilization. A flexible approach for mobilizing all sectors for health and education promotion will continue. Priority attention will be directed to protecting the rights and well-being of girls and women. UNICEF regional support will be used to assist in the development of new interventions. Social mobilization will help to create wider social awareness of the rights of the most vulnerable children and women. UNICEF will continue to support monitoring and reporting on implementation of the Convention on the Rights of the Child so as to expedite its incorporation into law and legal protection by law enforcement agencies. National and provincial activities will include the development of a child-centred social policy, political mobilization in support of child rights and mobilization of women's groups and other NGOs to address the unequal status of women and to build partnerships to reduce violence against women. Education on the prevention of HIV/AIDS will focus on high-risk groups such as teenagers and young adults and the development of educational and training packages, involving working closely with the World Health Organization (WHO), provincial political leaders, the National Youth Service, the National Council of Women (NCW), churches, schools and the Health Department.

12. Capacity development. As the district is the operational unit for the coordinated delivery of services for children, selected provinces will be assisted to develop mechanisms for the coordination of government and non-government parties, workable mother-baby packages and community-based nutrition activities to serve as examples of best programme practices for children. At the district level, UNICEF will support the development of new nutrition and early childhood development (ECD) interventions involving communities, churches, NGOs and the NCW. In collaboration with WHO, UNICEF will help to mobilize district health and education departments, church health services and women's and other civic groups to establish a multisectoral approach to health promotion. Increased ECD coverage will be encouraged through

the promotion of more systematic policies and programmes and the development of networks of NGOs and community day-care providers. The education strategy will involve government and NGO adult literacy programmes, especially for women, on life skills, health promotion and other efforts to improve the status of women. The quality and relevance of elementary and primary education will be enhanced through support for improving school curricula, multigrade teaching and school clusters. Facts for Life, conflict resolution, life skills, health and nutrition information will be incorporated into the national curriculum. Developing the capacity of community-level school boards will improve management and mobilize community support for schools.

13. Policy and programme development. UNICEF will support a long-term process for assessment, analysis and action related to the policy implications of the Convention on the Rights of the Child for Government and civil society. Studies and evaluations will form the core of a knowledge base on child-related policies. Other education and health initiatives presently advocated or funded by UNICEF will be expanded significantly through donor assistance. Under the coordination of the Government, UNICEF will work closely with WHO and the United Nations Population Fund to provide technical support for policy and programme development. UNICEF will support the development of provincial planning and monitoring capacities. Because the recent Organic Law on decentralization shifts responsibility for implementation to the districts, building provincial capacity for multisectoral planning, coordination and monitoring to support districts and communities in selected provinces will be a strategic priority. Some support to service delivery will enrich planning capacity as well as respond effectively to major child rights issues.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1998-2002 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Advocacy and social mobilization	1 500	-	1 500
Capacity development	2 250	4 000	6 250
Policy and programme development	500	-	500
Total	4 250	4 000	8 250

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

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COUNTRY NOTE**

India

SUMMARY

The Executive Director presents the country note for India for a programme of cooperation for the period 1998 to 2002.

THE SITUATION OF CHILDREN AND WOMEN

1. Three major developments of the last few years continue to influence the situation of children. Firstly, economic reforms introduced in 1991 have boosted economic growth. Secondly, recent constitutional changes mandate a devolution of power to local bodies (panchayati raj in rural areas and nagar-palika in urban) and reservation of one third of elected seats for women. Thirdly, the emergence of a large number of active women's groups has helped to shape local governance and advance the agenda of children. A more recent development has been the announcement of the Common Minimum Programme by the Government which focuses on ensuring basic entitlements for the poor and greater decentralization to states. The IX National Five-Year Plan is expected to fully endorse commitments to all of the World Summit for Children goals.

2. The situation of India's children is marked by diversity, persistent disparities and the challenge of enormous numbers - nearly 370 million children in 1995. Progress is visible in almost all development sectors, yet disparities are striking, with low status of women and gender inequality as major barriers. Gender disadvantages are compounded by considerations of caste and class. In 1991, 61 per cent of India's women could not read or write, with a female

* E/ICEF/1997/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1997.

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literacy rate of less than 10 per cent in many districts. The infant mortality rate has been halved from 140 per 1,000 live births in 1971 to 73 in 1994, yet almost 3 million children under five years old still die each year. Malnutrition and disease act synergistically, with acute respiratory infections and diarrhoea the leading causes of young child deaths. More than one third of babies are born with low birth weight, caused primarily by poor maternal and adolescent nutrition, and some 53 per cent of children under four years old are malnourished. There has been a sharp decline in the incidence of immunizable diseases, although significant gaps in immunization coverage remain. Maternal mortality claims over 100,000 women each year, reflecting unsafe abortions and limited access to emergency obstetric care. High levels of anaemia among both women and adolescent girls (over 80 per cent) contribute to these deaths. An estimated 2 million or more people are infected with HIV, yet awareness of HIV among the public, and particularly women, is very low.

3. The National and State Plans of Action for Children have helped to focus the World Summit goals, many of which are close to being achieved, such as guinea worm eradication and a 50 per cent reduction in diarrhoeal deaths from mid-1980 levels. Ninety per cent of India's villages have access to safe drinking water, but problems of declining water-tables, adequacy and quality of water remain. Some 20 per cent of rural households have access to sanitary latrines, up from 3 per cent 10 years ago. The education gap between boys and girls is narrowing, but drop-out rates continue to be high, especially among girls, with fewer than 50 per cent completing Grade V. Substantial investments are changing this picture, as demand rises for education and universal primary education as a constitutional right. The Government is committed to eliminating hazardous and bonded child labour - which affects some 2.5 million children - before the year 2000, but millions of children will still be engaged in other forms of full-time work. The issue of child prostitution has only recently been added to the public agenda. India's report to the Committee on the Rights of the Child is likely to be presented shortly.

LESSONS LEARNED FROM PAST COOPERATION

4. The mid-term review in 1993 pointed to the need for greater convergence of programmes, emphasized the role of women's groups and urged the phasing out from programmes where national capabilities were now in place. UNICEF has since withdrawn direct support to a number of programmes and has critically reviewed support to all sectors. The two-year (1996-1997) bridging programme has provided an opportunity to refine strategies and explore shifts in major programme areas. An evaluation of the Bihar Education Project called for a further shift of UNICEF support away from facilities and supplies towards training and community mobilization.

5. In all sectors, effectiveness has been based on an increasing focus on prevention. In spite of years of attention and substantial resources directed to tackle malnutrition, results have been far less than expected, largely because the needs of the young child were not addressed. The emergence of thousands of women's groups, often a by-product of literacy campaigns, successful women's projects or collective savings programmes, has demonstrated the solidarity and activism that women can bring to the development process. Women's groups have often moved to take up broader social issues, such as the misuse of alcohol and violence against women. To ensure the sustainability of programmes and to respond to India's diversity, decentralization in national programmes, as well as in UNICEF operations, has been critical.

PROPOSED COUNTRY PROGRAMME STRATEGY

6. The overall objectives of the Government of India-UNICEF programme of cooperation are to assist the Government to (a) realize universal child rights by assuring that society will respect, protect and find ways to fulfil obligations to children, including the achievement of the World Summit goals; (b) ensure that the rights of women are met progressively through improving the position of girls and women in society; and (c) strengthen the capacities of communities to analyse their own situation, set priorities and monitor activities in each sector. Following extensive consultation with counterpart government ministries, the Planning Commission, United Nations agencies, bilateral donors, representatives of Executive Board member countries, NGO partners and important social institutions such as the National Human Rights Commission and the National Commission on Women, four strategies, which are woven through all the programmes, have been selected to meet those objectives.

7. A strategic focus on convergent community action emphasizes support for capacity-building to bring government service providers into a closer and more responsive working relationship with an informed and actively participating community. A team approach will be fostered between community and front-line workers serving as facilitators, with strategic allies both outside as well as inside the community. A wide range of government services, reaching every community, is now in place. Contrasted settings and the different pace of devolution across the country call for location-specific and flexible approaches.

8. Ensuring the centrality of women is also a capacity-building approach that seeks to reduce gender inequalities in all areas of activity. Women's participation must entail genuine control of resources and decision-making. Every programme will involve women in planning and implementation, remove traditional stereotypes of girls and women, build self-esteem and monitor progress against gender-related indicators. This will be supported by selective support to local women's movements, orientation and support for leadership to newly elected members of panchayats (local bodies), the disaggregation and use of gender-specific data, and ensuring that men support these efforts.

9. Within policies laid out at the national level, the strategic approach to capacity-building for decentralization will encourage each programme to adopt decentralized and participatory planning mechanisms, linking up with panchayati raj and nagar-palika institutions and other community organizations at local levels. Urban areas will be mobilized in new approaches to planning and implementation of social sector activities in slums. The 10 state offices of UNICEF have the potential to facilitate this process.

10. Forging new partnerships is a strategy that aims to involve key partners and use UNICEF resources for leverage. UNICEF acts as a catalyst, contributing new ideas and testing new approaches. Support will focus on human resource development, the identification of cost-effective ways of reaching the unreached and advocacy for child rights. UNICEF works closely with the World Bank, the United Nations, other multilateral agencies and donors. The rights perspective brings new partnerships into focus with the media, political organizations, youth, representatives of civil society and the private sector.

11. Individual programme objectives developed in this strategic frame will be supported by advocacy towards the realization of child rights in each sector. In health, renewed attention will be given to the reduction of maternal and perinatal mortality/newborn care in a framework of reproductive and child health, and strengthening service delivery through decentralized planning and operational research. Nutrition will be improved through the Integrated Child

Development Services' network of anganwadis (child care centres), with a focus on improving caring practices as well as giving special attention to children in the first year of life, adolescent girls and pregnant women. The programme aims at achieving universal salt iodization by the year 2000 and will combat nutritional anaemia and vitamin A deficiencies through supplementation, new initiatives in fortification and dietary change. In child development, there will be more attention to early childhood stimulation, making the anganwadi an attractive and "joyful" (making learning fun) centre, and improving the skills of the anganwadi worker.

12. The effort to universalize primary education will focus on the incremental approach to enrolment and retention, starting with six-year-old children in Class I until the entire cohort completes five years of schooling. It will emphasize improvements in the quality of education through the teacher empowerment approach, child-centred teaching, child-to-child activities and the active participation of parents and the community. In close collaboration with the Joint United Nations Programme on HIV/AIDS, the prevention of HIV/AIDS will focus on introducing life skills in schools and the provision of relevant information through women's and youth groups. In the area of child's environment, emphasis will be on the quality and sustainability of safe drinking water sources, including community-based watershed management. Individual responsibility for sanitation and community hygiene will be promoted through appropriate latrine technologies and education. Efforts for children in need of special protection will aim to mobilize civil society to take action against violations of child rights, notably child labour and child prostitution. This will include data collection and analysis for social and policy change, and intensifying communication efforts to change societal attitudes.

13. The strategy for convergent community action aims to bring together all programme areas and will be supported in selected districts, applying lessons learned to establish an intersectoral approach for the overall country programme. It will require specific budgetary allocations in addition to resources available under sectoral programmes.

14. The above strategies and programme objectives will guide the allocation of UNICEF resources. The activities supported within each programme will represent an appropriate mix among service delivery, capacity-building and advocacy; the balance will be determined in light of population needs, national policies and existing and planned programme activities of the Government, communities, donors and other partners. Supplementary funding will be sought to extend the coverage of programme and undertake new initiatives.

15. Success of the overall programme will rely upon effective decentralization and good management capacity. Monitoring of both outcomes and processes at all levels will be encouraged to ensure relevance and intersectoral action, using data generated by multi-indicator cluster surveys. Selected programme areas will be evaluated each year, with the results used to assess performance and derive lessons for current and future programmes. The effectiveness of the use of human, organizational and financial resources will be an important measure of sustainability.

ESTIMATED PROGRAMME BUDGET

16. The estimated budget for general resources of $174,325,000 will be allocated by programme on the basis of a continuing dialogue with the Government of India over the next few months. Possibilities and mechanisms for supplementary funding will continue to be explored as part of the planning process. Based on the experience of recent years, and interest already expressed by some donors, supplementary funding of up to $225,000,000 will be sought for the programme.